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## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations     (a) Name     American Future Fund   |   |                    |                                   |  |
|---|---|--------------------|-----------------------------------|--|
|   | (b) Address (number and street)   |                    | 2. FEC Identification Number      |  |
|   | (c) City, State and ZIP Code<br>Des Moines  | IA 503             | C C30001028                       |  |
|   | (d) Name of Employer or Principal Place of Business   |                    | (e) Occupation                    |  |
|   | Sandy Greiner   |                    | Farmer                            |  |
| 3.  | Is This Statement or Amended  | 4. Covering Peri   | iod                               |  |
| 5.  | (a) Date of Public Distribution(s) 0 9  | 08 / Y Y Y Y Y Y Y | (b) Communication Title 'NY Jobs' |  |
| 6.  | . The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10) |                    |                                   |  |
| (d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  (e) Other, specify:  7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? |   |                    |                                   |  |
| 8.  | Custodian of Records  |                    |                                   |  |
| •   | (a) Name  |                    |                                   |  |
|   | Sandy Greiner   |                    |                                   |  |
|   | (b) Address (number and street)   |                    |                                   |  |
|   | 4225 Fleur Drive  |                    |                                   |  |
|   | (c) City, State and ZIP Code  |                    |                                   |  |
|   | Des Moines  | IA                 | 50321                             |  |
|   | (d) Name of Employer or Principal Place of Business   |                    | (e) Occupation                    |  |
|   | self-employed   |                    | farmer                            |  |
| 9.  | Total Donations This Statement  |                    | .00                               |  |
| 10  | Total Disbursements/Obligations This Sta  | tement             | 47176.00                          |  |
|   | Under penalty of perjury, I certify that this statement is true, correct and complete.                                  |                    |                                   |  |
|   | TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sandy Greiner  |                    |                                   |  |
|   | SIGNATURE Electronically Filed by Sandy Gre   | iner               | DATE09/08/2010                    |  |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)